Basic Principles

A Careguide For Careworkers Providing In-home Care To Clients Suffering From Alzheimer's Disease And Related Disorders

A SPECIAL PROJECT OF:
SENIOR CARE
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Published simultaneously with **Step By Step: A Resource Guide for Coordinators of In-home Respite Care Programs For Clients Suffering From Alzheimer's Disease And Related Disorders.**

"Tell me; I'll forget.
Show me; I may remember.
But involve me, and I'll understand."

Ancient proverb

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Preface

This careguide is written for careworkers who provide in-home care to clients suffering from Alzheimer's Disease and related disorders. It is one part of a comprehensive training program.

Alzheimer's Disease is a progressive, degenerative brain disease for which there is no known cure. A devastating illness, it leaves its victims dependent upon others for their survival.

This careguide provides the careworker with an understanding of the disease and its effects. It presents skills that can be developed to help the worker manage some of the common problems that may arise. It discusses the role of the careworker, and it provides practical tips on the day-to-day care of cognitively impaired clients.

The careworker plays a strategic role in the life of the person with Alzheimer's Disease. It is hoped that this careguide will assist the worker in meeting the challenges of care.

The underlying goal of the careguide is to assist careworkers in their role of helping affected individuals maintain their health, safety, and well-being, and, for as long as possible, their remaining skills and abilities. The principles contained in the careguide reflect current practice.

This careguide was funded by a grant awarded to Senior Care, a nonprofit multiservice home support agency in Metropolitan Toronto, by the Ministry of Community and Social Services, Province of Ontario, Toronto Area Office, Services to Seniors.

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Senior Care

INDEPENDENCE FOR THE ELDERLY

November, 1989

A Message From Senior Care

On behalf of Senior Care, I am pleased to introduce two documents:

Basic Principles - A Careguide for Care Workers

and the

Resource Guide - Step by Step - For Coordinators of In-Home Respite Care Programs.

Senior Care is a multi-service agency that has been serving the community dwelling elderly for 17 years. Over the past few years the agency has been able to develop its services for caregivers of persons with cognitive impairment. In developing programs for this complex area of need, we recognized a requirement for straightforward, helpful information for caregivers and professional coordinators of programs serving this population. Subsequently, we undertook to produce both **Basic Principles** and the **Resource Guide.**

The Board of Senior Care deserves special mention for their encouragement of this effort, as does the Ministry of Community and Social Services, Toronto Area Office, in particular, Brenda M. Elias, Manager, Services to Seniors, and Rhona Phillips, Area Supervisor.

Special mention should go to Senior Care staff, Jerry Berman, Director of Home Services, Joyce Fleiser, Director of Special Services, and Linda Hill, Senior Program Coordinator, whose work laid the foundation for this effort and, whose understanding of the issues in caregiving and progam organization were extremely valuable.

For editorial assistance, special thanks are extended to Daniel Liebman and Harold Sheffe.

Any project of this magnitude represents the collective thinking and involvement of many different people and organizations. Senior Care wishes to express its gratitude to all of those associated with this effort. We are especially pleased to have had the opportunity to produce material to assist the caregiver and, to enhance understanding for serving the client with cognitive impairment.

Michael F. Scheinert
Executive Director

Senior Care is the operating name for Community Services to Jewish Elderly.

An Affiliate of the Toronto Jewish Congress.

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Support the Senior Care Foundation.

Part I

About Alzheimer's Disease And Related Disorders

Chapter 1
Introduction

Long life is a wish and goal that most of us share, and with advances in modern society people are living longer than ever before. The majority of elderly people continue to live at home. Some require assistance from family, friends, or special home care services. Some must take special medication or follow therapy programs. But most elderly people adjust to the normal age changes and the chronic illnesses and disabilities that develop gradually over a lifetime.

The population over age 65 has been increasing steadily and is expected to continue to increase well into the next century. The likelihood of illness and disability increases with age. As a result, the number of people needing assistance to cope with age-related illnesses and disabilities is increasing.

This careguide discusses the special needs of elderly individuals who suffer from Alzheimer's Disease or related disorders. Part I of this guide will provide you with some background first on the aging process and then on Alzheimer's Disease. In discussing the disease, we will also review its effects on the individual and his or her family and, in a general way, look at the role of the careworker. Part II examines more closely the role and responsibilities of the careworker. The third part of the guide focuses on specific skills needed by the careworker: problem-solving and decision-making, observing and reporting, communicating, and stress management. The final part of the careguide is a handbook on client care and includes general guidelines, chapters on behavior problems and on personal care, and suggestions for recreational activities.

Chapter 2
Normal Aging Versus Alzheimer's Disease

Normal Aging

Before we look at a specific disease that may affect the elderly, it is helpful for us to have an understanding of normal age changes.

Aging is a normal part of life. It is a life-long process that begins at birth. No two elderly individuals experience aging in the same way, and the rate of aging is influenced by many factors.

Despite individual differences among the elderly, some general points can be made: normal age changes occur gradually, and the normal healthy individual is able to adapt to normal changes with little difficulty.

Age changes range from the obvious graying of hair and wrinkling of skin to a general slowing down that may also affect internal body processes. There may be physical changes in: sensory perception (seeing and hearing); the heart and the circulatory system; muscles, bones, and joints; and the digestive and pulmonary (lung) systems. Although such changes cannot be reversed, there are prescribed medications and therapies that are useful for controlling and relieving some of the symptoms.

All elderly individuals experience some degree of personal, social, and physical health losses. Life changes brought on by retirement, loss of income, and the death of family members and friends are among the major changes that the elderly individual must adjust to.

Occasional memory loss, confusion, or disorientation affects people at all ages from time to time. Such episodes usually occur when a person is preoccupied, feeling unwell, bored, or disinterested in what is going on. Persistent confusion, disorientation, or memory problems, which interfere with usual life functioning, are not, however, a normal part of aging.

Diseases

The elderly are more likely to suffer from chronic illnesses and disabilities than are the young. Heart disease, arthritis, diabetes, and cancer are among the common ailments that afflict the elderly. Prescribed medications, special diets, therapies, and devices are available that can help the elderly individual live a relatively normal life.

Dementia

Dementia, a medical term often used incorrectly, describes a group of symptoms that include memory loss, confusion, loss of intellectual and physical functioning, and personality change. These symptoms interfere with the individual's ability to function.

Although dementia is more common in the elderly than in younger people, most individuals who live to a very old age do not suffer from the symptoms described as dementia.

Cognitive Impairment

Many symptoms of dementia are related to problems with thinking, or, to use the medical term, "cognition." These difficulties are known as intellectual or mental impairments, or, in medical language, "cognitive impairment." Cognitive impairment refers to the loss of the ability to control thought processes and actions. In extreme cases it refers to the loss of the ability to function independently.

Types Of Dementia

There are two types of dementia: reversible and irreversible. Dementia can be caused by various conditions. Some of these can be corrected, and the symptoms will disappear. In such cases the dementia is said to be reversible. Examples of conditions that may cause reversible dementia are malnutrition, infections, hormone deficiencies, heart problems, head injuries, poisons, and adverse reactions to drugs. When those conditions are treated, the symptoms disappear.

Some conditions that cause dementia cannot be cured. In such cases the dementia is said to be irreversible. Irreversible dementia occurs when there is damage to the brain and brain tissue is destroyed. Dementia caused by brain disease cannot be treated. It is ultimately fatal.

More than half the cases of irreversible dementia in individuals over age 65 are the result of Alzheimer's Disease. The other leading cause of irreversible dementia is stroke. Strokes occur when the brain is deprived of its normal blood supply. Without an adequate blood supply, brain tissue dies.

In this careguide, we will be referring to irreversible dementia of the Alzheimer's type.

The Importance Of Proper Diagnosis

Dementia is often diagnosed incorrectly because many of its symptoms resemble those found in other conditions. For this reason, a thorough medical review is required for individuals showing such symptoms. A number of special tests can be performed by the physician to rule out treatable causes of dementia.

Chapter 3
Alzheimer's Disease

Alzheimer's Disease is a brain disease affecting previously normal adults. It usually begins slowly and gradually with forgetfulness and confusion. As the disease advances, the individual suffers from severe intellectual and physical losses. Emotional and personality changes occur, and the person requires assistance to live safely. In the final stages of the disease, the individual is completely dependent on others to survive. The disease results in death.

The rate at which Alzheimer's Disease advances varies from individual to individual. The disease is unpredictable, and no two people will experience it in the same way. At times, the person will appear to improve or will remain stable; at other times the condition will worsen dramatically over a short period.

The Cause

The cause of Alzheimer's Disease is not known at this time. Men and women have an equal chance of being affected by Alzheimer's Disease. (Because women live longer than men, it is natural that more women suffer from Alzheimer's Disease.) The disease can strike anyone, regardless of race, education, or economic or social status. The rate of occurrence of Alzheimer's Disease increases with age, and although it can strike a person in his or her forties, it is rare until age 65. The incidence increases sharply after age 85. Alzheimer's Disease is not contagious.

Often, early stages of the disease go undiagnosed. Only when memory loss and confusion increase to the point of interfering with activities of daily life does the affected individual, or the family, seek medical assistance.

The Treatment

There is no known cure for Alzheimer's Disease at this time. Treatment is aimed at providing support and assistance to the individual and his or her family. The purpose is to ensure the individual's safety and well-being while seeing that his or her dignity is maintained.

The Challenge In Caring

Patience, understanding, and commitment are required to help the careworker cope with the sometimes difficult, unpredictable, bizarre, or frustrating behaviors that may be seen in the client.

It is important for you to understand and accept that the difficult behaviors which may occur are part of the disease. The individual is not intentionally behaving in a difficult manner. Memory loss, confusion, disorientation, loss of judgment, the inability to communicate effectively, and other losses and changes leave the individual unable to behave appropriately.

The Individual With Alzheimer's Disease

In order to provide appropriate care to the individual with Alzheimer's Disease, you should understand how a person is affected by the disease and know what you might expect to see as the disease progresses.

First And Second Stages

Appearance

In the first stage, you will likely notice that the client looks "normal," is physically strong and well, and is often alert. Even when the condition has advanced to the point where the client is unable to perform such apparently simple tasks as doing up a button, social skills remain relatively in place.

Memory

What you will notice, and what you may find frustrating at times, is that the individual has difficulty remembering what is going on and is confused and disoriented. Clients may repeatedly ask the same question, be unable to follow a conversation (regardless of who started it), or get lost in familiar surroundings. He or she may forget how to do such routine tasks as brushing teeth or combing hair.

You will notice that even as the condition worsens, the person's memory of things that happened long ago remains good. This situation may seem puzzling because of the person's inability to follow even a simple conversation or instruction. The difference in the ability to remember recent events and events long past has to do with the way the brain functions.

Awareness And Ability To Function

The individual with Alzheimer's Disease experiences increasing physical and mental losses as the disease progresses. At times, the person will appear alert, will be able to remember and understand what is going on, and will act normally. At other times, the individual may appear as if in a daze, unaware of what is happening.

As the disease progresses, the client will have increasing difficulty finding the right word, expressing a thought, or understanding what you are saying. The meaning of words will be forgotten. You may say it is lunch time, but the client may not know what you are talking about. Client reactions will vary; the individual may seem to ignore what you are saying, have an emotional outburst because of a lack of understanding, or start a totally different activity, such as getting ready to go out for a walk.

Familiar objects and their names and uses will no longer be recognized and remembered. The toilet may become just a meaningless object, its use forgotten.

As the disease progresses, the brain functions less effectively and the ability to perform physical activities decreases. Control over fine hand movements, required in feeding and dressing, is lost. Similarly, control over feet is lost, causing the client to trip or stumble. Early in the disease the ability to judge depth, required for climbing stairs or stepping into a bathtub, is lost. The client may easily trip and fall, especially if something is blocking the path.

Mood

The client may experience dramatic emotional changes. Some clients, when they feel overwhelmed, become very upset or agitated, or act in a difficult way. Other clients may quietly withdraw, as if to escape a world they no longer understand. Unusual or even problem behaviors may occur. Eventually, familiar faces will no longer be recognized, and even family members may be treated like strangers and be feared or distrusted.

Late Stages

In late stages of the disease, the person experiences difficulty walking, loses bladder and bowel control, is unable to communicate effectively, and needs constant supervision and assistance with all activities of daily life. By that time, most individuals require institutionalized care.

Careworker's Role

Some of the effects of the disease will be as hard for you to cope with as they are for the family. It is important for you to be aware of the client's level of awareness, ability to function, and mood. You will then be able to adjust your expectations and your actions to suit your client's needs.

Here are some helpful tips:

- Follow a consistent routine. Familiarity is helpful to those with memory problems.
- Divide complex activities into simple one-step tasks that your client can manage more easily with reminders or guidance.
- Provide frequent verbal reminders to help your client stay with a task.
- Encourage the client to do as much as possible independently.
- Acknowledge the client's efforts and achievements.
- Treat the client with dignity and respect.

Client's Emotional Needs

In early stages, the client is aware that something is "wrong." It is common for clients to try to hide or cover up their memory loss by making reminder lists or by blaming others for hiding objects or changing things. Some clients make up stories, trying to bluff their way through something forgotten. Often, in the early stages when clients still have the awareness that something is wrong, they will be anxious and emotionally upset. Clients experience a range of emotions. Some clients go through a type of mourning process over their losses. Denial, anger, frustration, and fear are common emotions, along with anxiety, panic, and desperation. Perhaps the most difficult time for clients is during this stage, when they may be aware of the results of their losses.

As the disease progresses, individuals become less aware of what is happening to them, and their anxiety and fear diminish. The client becomes calmer and may be easier to manage.

In the final stages, the client appears unaware, is unable to function independently, and requires constant supervision and care.

Careworker's Role

It is important during every stage that you are patient and supportive, tolerant and accepting.

Throughout the illness, the client continues to have a need for acceptance, belonging, and affection; a need to feel useful and important in life; and a need to have some control over life and to feel independent. Fulfilment of these emotional needs is important for a sense of well-being and self-esteem.

Throughout the course of the disease, the client continues to respond on an emotional or "feeling" level. When clients are no longer able to understand the spoken or written word, they are still able to feel and respond to a friendly, gentle tone of voice, a warm smile, and a reassuring touch.

Clients react badly when they sense your unhappiness, anger, or annoyance. They know when they are being treated like adults. Clients continue to value their privacy and must be treated with dignity and respect.

Effect On The Family

The disease affects the client's whole family. It is devasting to watch a relative deteriorate and a burden to provide the constant care and supervision required. Family members experience a range of emotions — from anger, sadness, and frustration to guilt, fear, anxiety, and loss. Often, families are overly protective of the ill member. Many families feel that only they can provide the necessary care. Frequently, there is no attempt to get help until a crisis situation occurs. In reality, the responsibilities and demands of caring for an individual with Alzheimer's Disease are too great for one person to manage alone.

Careworker's Role

It is, of course, important that you be sensitive, supportive, tactful, and courteous to the family. They benefit from your support as much as the client does.

In sum, the careworker has a very important role to play in caring for the client with Alzheimer's Disease. In the next part of this guide, we review the careworker's specific role and responsibilities.

Part II

Careworker's Role And Responsibilities

Chapter 4
The Careworker

Most elderly people want to remain living at home as long as possible. Their families want that as well for them. Institutionalization is seen as a last resort, to be considered when the individual can no longer be cared for safely at home.

The Caregiver

The family member who is primarily responsible for the daily care of the client is referred to as the caregiver. Caregivers may have their own illnesses and disabilities and other family or work responsibilities to cope with. Despite that, most families want to keep the ill family member at home. Today, families provide about 80 percent of the care required by elderly individuals living in the community.

Respite Care

The careworker is a specially trained health care worker employed to look after an ill or disabled individual in the client's home.

The careworker allows the family a break from the constant responsibility of providing care to their relative. "Respite" is the term that describes this break or relief provided to the family. The careworker may be referred to as a respite careworker, and the service provided is termed respite care.

For a prearranged period, the respite careworker relieves the family member of the responsibility of caring for their relative. This break enables caregivers to have valuable time to look after their own needs. Family members can have this important break knowing that their relative is well looked after by a professional respite careworker.

The Team Approach

You are one of several important people who provide care to the individual suffering from Alzheimer's Disease. The affected individual has a great number of needs, and many people participate in providing the client's overall care. Physicians, nurses, social workers, and other health care professionals work together with the family, with you, and with your supervisor to provide the care required by a client. This is known as the team approach to care.

Every member of the respite care team is important to the client. Each team member has specific duties and responsibilities, reflecting his or her specialized knowledge and expertise.

Careworker's Role

As a respite careworker, you deal directly with the affected client, his or her family, and your supervisor. Your general duties as careworker are:

- to assist the client with the activities of daily living,
- to ensure the continued safety and well-being of the client,
- to provide support and relief to the usual family caregiver, and
- to make regular reports to your supervisor on the client's condition, alerting your supervisor to any changes or difficulties.

You spend more time with the client than do any of the other nonfamily team members. You may be the first to recognize changes in the client or observe conditions that may require further medical attention. Part of your responsibility is to inform your supervisor and the family of changes in the individual's behavior, abilities, and general condition. It is also your responsibility to inform your supervisor of changes in the family situation or of other factors affecting the client. It is then the responsibility of your supervisor and the family to follow up and ensure that the right assistance is obtained.

Chapter 5
Building A Trusting Relationship

Your first task in the home is to meet the family and establish communication and a bond of trust with them.

You can learn about the client from the family. Ask about his or her routines, likes, and dislikes. What types of situations are likely to cause the client to become upset? What techniques does the family use to deal with difficult situations?

The family should then introduce you to the client.

Trust will grow and develop as you demonstrate you are competent to look after the client. You will earn the trust of the family by being reliable and punctual, by following a predictable routine, by coping with situations as they arise, by showing your respect for and interest in the client's well-being, and by maintaining strict confidentiality. (Anything you come to know about client and family should be discussed only with your supervisor or with a person authorized by him or her.)

The client, meanwhile, feels secure when sensing your warmth and acceptance. Your consistent, calm approach becomes familiar and shows you care and are dependable. The client is happiest when feeling involved in and part of the usual life routine. You will learn how to involve the client at a level that is comfortable. The client then will achieve a sense of satisfaction as his or her self-esteem increases.

Above all, you must remember that the individual, no matter how impaired, is an adult human being. He or she continues to respond on a feeling level to messages conveyed by tone of voice, facial expression, and touch — even when the condition is severe. The person senses your acceptance and understanding, and is calmed. He or she can also sense anger, hostility, and disgust, and becomes upset. Because people with Alzheimer's Disease are not able to communicate effectively, no one knows for certain how much they understand. It is assumed that the person continues to understand at some level throughout life. For that reason, it is important that you continue to talk to the individual in a reasonable, caring way, even if signs of understanding are not apparent. We shall return to this subject in chapter 8, which deals with communication.

Possible Problems With Families

In general, the careworker is welcomed by the family, who needs assistance in caring for the affected relative and appreciates your role. You may, however, run into some problems in some homes. The two most common problems are reviewed here.

Reluctance Of Family To Accept Help

The strain of meeting the demands of caring for an ill relative and dealing with many strong emotions can be overwhelming for the family. Nevertheless, some families are reluctant to accept help in the care of their relative. As it happens, in such difficult situations the help is usually most needed.

There are many reasons why a family is reluctant to accept help. Some families feel guilty, thinking they should be able to provide the necessary care and believing they have failed if they cannot. Others don't want to face the reality of the situation. Still others feel no one else can do as good a job as they can. Some don't like "strangers" around. Some fear an invasion of their privacy, theft, or financial difficulty. And some families are concerned about the reaction their relative will have to a stranger providing care.

The family's fears and concerns are real to them, and you must take them into consideration. The family has taken the first step in accepting help by applying for and being accepted into the Respite Care Program.

Here are some tips for the careworker:

- Establish a trusting relationship with the family by being dependable, reliable, sensitive, and competent in your job.
- Discuss the family's expectations of you. Clarify your duties and responsibilities. Call on your supervisor for assistance if you require backup or clarification of your duties.
- Know and understand that the family's negative attitude is not directed at you personally. It is largely a result of the strain they are experiencing in coping with an overwhelming and stressful situation.
- Be sensitive to the family's needs and feelings.

Resistance From Client

"Go home, I don't need you."

The purpose of respite care is to provide relief to the family as well as assisting the client. Although the client may not recognize the need for assistance, the family needs your help. There may be a number of reasons for the client's resistance. The client may be afraid of you because you are an "unknown stranger." For those clients with some awareness, your presence confirms their worst fears about their problems.

Here are some tips for the careworker:

- Remember, you are there as much to relieve the usual family caregiver as to care for the client.
- It is helpful if the family member is there to introduce you to the client.
- You will have to be very tactful in your responses to the client.
- Go slowly. Do not challenge or confront the client. Be friendly, calm, and pleasant.
- Introduce yourself by name, and tell the client you are there at the request of the family. If, for example, you are to provide respite for the client's wife, you may simply say that you are there so his wife can go out shopping.
- Reassure the client that the family will be home shortly. "Your wife will be home soon."

- It is best to make your statements open and general. You may have to say you are there just to visit. You may have to stall for time if the family member has gone out. For example, if client Mr. Smith wants you to leave, you may ask his permission to "sit and wait until my ride home comes," or "until my bus arrives."
- Try to gain the person's acceptance by offering to do something. Suggest that you make tea, or begin a conversation. "Those are lovely flowers, Mrs. Brown. Do you like flowers?" Because of the client's short memory and limited attention span, it is likely that objections will be forgotten once involvement in another activity begins. (It may take several visits before the person will allow you to become involved in his or her daily activities.)
- Be patient.
- Treat the person in a respectful, adult manner.

Do's and Don'ts — **Building Trust**

Do be reliable and responsible. Be at your appointments as scheduled, and remain for the agreed time. (If specifically instructed otherwise by the family, inform your supervisor.)

Do be understanding of and supportive to the client and his or her family.

Do respect client and family confidentiality.

Do find out as much as you can about the person. Learn about the individual and his or her family so that you can learn how to help best.

Do use your creativity. Every client and family is different. Learn how to adapt to different and changing situations.

Do report any changes you see in the client's condition or home situation. Tell your supervisor as soon as possible.

Do perform your duties to the best of your ability. You are an important team member. The client and family rely on you.

Do remember that you are not alone. At any time you can call on your supervisor for guidance or assistance, or to discuss your experiences.

Don't rush the client or show annoyance. Patience, tolerance, and acceptance are important. Go slowly, and give the person time to get to know you.

Don't take rejection by the client or family personally. The individual's or family's reluctance to accept help is not directed at you. In most cases, the reluctance reflects the strain of coping with the disease or the desire to continue to be independent.

Part III

Improving Your Skills

Chapter 6
A Problem-Solving Approach To Care

The course of Alzheimer's Disease is not predictable. New and sometimes difficult situations can arise suddenly, with little or no warning. It is not possible to know in advance and be able to predict all the situations that may occur. But it is helpful to have a program to follow to help you manage unexpected situations.

We call this program the "problem-solving approach to care." It can help you through most difficult situations. This is the first skill covered in our careguide, and it is followed by chapters on observing and reporting, communication, and stress management.

What Is Problem-Solving?

Problem-solving is a skill. It can be learned, practised, and used in many situations. The client's health, safety, and well-being are dependent on your problem-solving abilities. Experience comes with time and practice. Problem-solving involves:

- finding out what is causing or contributing to a difficult situation,
- taking action to eliminate or resolve the problem, and
- maintaining the safety and well-being of the client.

In problem-solving, it helps to have certain qualities. You probably already possess these — they also describe a good careworker. These traits include having a calm, relaxed manner; common sense; maturity; good judgment; the ability to remain objective; and flexibility — the ability to adapt to new and changing situations.

Basic Steps In Problem-Solving

Safety — The First Concern In A Problem Situation

The client's safety is the first concern in any situation. It is equally important to ensure your own safety and that of others in the area. Remove the client and yourself from harmful or dangerous situations. Know your agency's emergency procedure.

The next steps to take are shown in Table I.

Table I

Basic Steps in Problem-Solving

1. Identify and describe the problem. (What's wrong?)
2. Observe and analyse the situation. (What's going on? Why might this problem be happening?)
3. Think of any possible actions that may be helpful in resolving the problem.
4. Consider the possible actions and decide on a course of action. (What would make most sense to try to do first? second? third?)
5. Put the plan into action. (Do it!)
6. Evaluate the action taken. (Was it effective?)
7. Call for help.*
8. Later, review and discuss the situation and the actions taken. Think about the situation and what you might do differently the next time. (You may want to discuss the events with your supervisor.)

* If unable to resolve the problem satisfactorily, and if client's health, safety, or well-being is in question, call your supervisor immediately. If it is a life-threatening emergency situation, follow your agency's emergency guidelines.

Diverting The Client's Attention

In some problem situations, the client may be extremely upset. In fact, the client's "upset" may be the primary problem. Diverting the client's attention away from the "problem" is often a helpful first action. In many cases, a diversion will have a calming effect. Redirecting the client's attention to something pleasant will likely stop the "problem." You will then be able to continue the problem-solving process with a less upset, more manageable client.

Certain diversions may be useful at some times and not at others, so you must be prepared to try several. Your resourcefulness is important, as are your common sense and good judgment. Diversions must be safe, pleasant, and acceptable to the client.

A number of techniques helpful in diverting the client's attention will be presented in Part IV of this guide (Aspects Of Client Care). Some of the best diversions include:

- offering food (a cookie or other snack),
- taking the client's arm and walking away together, or
- placing something safe in the person's hands (a magazine, a towel, a sweater, etc., depending on the situation).

Why Do You Have To Be Able To Problem-Solve?

People with Alzheimer's Disease lack the understanding, awareness, and judgment to make decisions safely and resolve problems. These individuals depend on those caring for them for continued safety and well-being.

Situations can arise suddenly when caring for the client. It is not possible to be prepared for every possible situation, but the problem-solving approach has built-in flexibility that helps you deal with the unpredictable. In short, one of the most useful skills you can have as a careworker is the ability to problem-solve effectively on your own.

Decision-Making

Making decisions is part of the problem-solving process. Decision-making involves choosing between two or more options. The decision should reflect the choice that is in the best interests of the client's health, safety, and well-being in a given situation. Decisions should reflect good judgment and common sense.

You are responsible for any decision you make in the care situation. The special training, knowledge, and experience you acquire will prepare you for the important task of decision-making. As well, your supervisor is available to discuss difficult decisions.

Chapter 7
Observing And Reporting

As Alzheimer's Disease progresses, brain damage increases and brain functions deteriorate. Individuals become less able to understand or recognize the significance of what is happening to them and what is going on around them. They become less capable of taking appropriate actions, such as calling for help when needed. Other people are needed to watch out for and ensure the safety of the individual with Alzheimer's Disease.

Careful observation helps you get to know the client's capabilities, limitations, and moods.

Changes In The Client

Changes in the client, particularly sudden changes, must be investigated. Changes in appearance, mood, or behavior can signal a worsening of the condition. They can also be signs of a new ailment that requires medical attention. Often the only indication that there is something wrong with the client may be a change in mood or behavior.

You must be especially observant to recognize changes in the client's mental and physical abilities as well as to spot potentially dangerous situations. You spend more time with the client than do any of the other health team members. Your observations and prompt reporting of changes can often make a difference in the client's well-being.

All changes observed should be reported to your supervisor and to the person's family. Your supervisor will assist the family in arranging the necessary follow-up.

How To Observe

The skill of observation uses the senses of sight, hearing, touch and smell. It also uses your mental abilities. You must know the client's mood, ability to understand and communicate, and general state of awareness. To detect changes, you must be able to compare the client's present level of ability with earlier capabilities. Observation takes place in a casual manner. Notice how the client functions during the course of the day. Clients will become upset if they think you are "testing" them or staring at them.

What To Observe

Although the manner in which you observe appears casual, you will find out a lot of valuable information about the client. You are looking for any sign of possible trouble and for anything that might upset the client or indicate that something may be wrong. Your observations should focus on the client, the surroundings, and yourself, as careworker. Here are some examples of the type of clues or signs you are looking for.

The Client

The client may be experiencing physical, mental, or emotional health changes as a result of the disease process, or he or she may have a new illness or injury. Some signs, such as an open wound, wheezing, or limping, are obvious. Other signs, such as pacing or general irritability, may be harder to understand. Pacing often indicates a need to go to the bathroom. Irritability may mean that the client has a headache, is overwhelmed, or is tired.

Surroundings

Noisy, busy, cluttered surroundings may cause the client to become anxious, confused, afraid, or even injured. Neat, orderly, and familiar surroundings are preferred for the sake of the individual's comfort, safety and ease. Most clients are most comfortable and function best in familiar surroundings.

Careworker

Your mood can influence the client. Through most of the disease process, people with Alzheimer's Disease remain highly sensitive to the feelings of others. Clients are particularly sensitive to negative feelings, such as anger or disgust, and may react by becoming upset or displaying difficult behaviors.

Putting Observations To Use

Your observations, which are part of the problem-solving and decision-making processes, are used in developing a course of action to ensure the client's continued well-being.

For example, if you observe that the client is having difficulty managing a fork, you may decide to offer foods such as sandwiches that can be picked up and eaten by hand. In allowing the client to maintain control over an important life activity, you help the individual remain independent and give him or her a feeling of worth.

The Importance Of Reporting

Your recorded observations, which describe how the client has changed over time, are used to monitor the client's progress. The client's treatment plan may be revised on the basis of your reports to your supervisor. These reports play an extremely important part in the care of your client, and it is important that you give them to your supervisor on schedule.

Reported information must be specific, accurate, and complete. There are two types of reporting, objective and subjective.

Objective Reporting — The Facts

Objective reports record exactly what was seen, heard, smelled, or felt. Reports include the time, the date, and an objective description of events that occured; a description of the measures taken, and of their effect; the client's reaction to your efforts; and the outcome of the events. In the case of problem behaviors, it is helpful to note what was going on just before the start of the problem.

Subjective Reporting — Your Opinion

Giving your opinion, or stating why you think something occurred, is referred to as subjective reporting. Your opinion is valuable because you know how the client reacts. If you wish to give your opinion about what happened or about why you think it happened, do so, stating that it is *your opinion*. It is important to distinguish in your report between information reported objectively and subjectively.

Sharpening Your Skills

Following these general suggestions can help you sharpen your observing and reporting skills:

- Make it a routine habit to observe the client and the surroundings so that you will be able to recognize warning signals of possible problems and be able to take the right steps to limit or prevent major problems.
- Think about the significance of your observations, and modify your expectations and actions accordingly. For example, you know Mr. Brown gets upset when there are several people in the room. So, when others must be there, suggest an activity suitable to a quieter room. If that is not possible, ask the others to use another room.
- Try different methods with the client, and observe what works best. Note the approaches that are most helpful in distracting the client from upsetting situations. Remember to try these diversions when the need again arises.
- By observing how the client manages, you will know how much assistance to provide. It is important to allow and encourage the client to do as much as possible independently. It is important to make sure that the client is safe and does not experience frustration. (It is thought that the ability to perform a skill may be preserved longer if the client continues to use it. It is important to adjust the level of help you provide according to the client's level of ability.)
- Keep your notebook handy so that you can write down important observations about the client's condition. Complete your report as soon as possible at the end of your shift, while the events of the day are fresh in your mind.

Do's and Don'ts — **Emergency Situations**

Do know the emergency procedure of your agency. Keep emergency telephone numbers handy. Know who to call.

Do ensure client safety. Remove the client from a dangerous situation if it can be done safely. (Follow your agency's emergency procedures if the client is injured.)

Do act in a calm and controlled manner. Reassure the client.

Do call for help. Notify your supervisor and the family. Stay with the client even when help arrives. You are the "familiar" person who can reassure the client.

Don't leave the client alone.

Chapter 8
Communication

Communication is something we take for granted because it is such a basic part of life. Good communication skills are important for the careworker. In this chapter, we present some communication techniques and provide some strategies to help the careworker deal with common problems among people suffering from Alzheimer's Disease.

The Importance Of Communication

Communication involves two people: one expressing a message, and the other receiving and understanding the message.

It is important to be able to communicate well. People need to connect. With Alzheimer's clients, responsibility of keeping open the lines of communication rests with you and others providing care.

Types Of Communication

Communication can be through words or may be unspoken. Unspoken messages, also called nonverbal communication or body language, are conveyed through facial expression (smiles, frowns), gestures (waving, shrugging of shoulders), and touch (hugs, hand-holding). Nonverbal communication — including communication through tone of voice — remains long after the client's condition no longer allows for verbal communication.

Alzheimer's Disease And Communication

As Alzheimer's Disease progresses, the client gradually loses the ability both to express a message and to understand the words of others.

For families, the loss of the individual's ability to communicate is often the saddest part of the disease, and the hardest part to come to terms with. With the loss of communication, the client and family are cut off from each other. By the time this loss occurs, the client may have greatly changed from the person the family once knew.

Memory And Communication

In early stages, memory problems affect communication. Clients often repeat themselves, forgetting what they just said or heard. They have difficulty finding the right word, and gradually they forget the meaning of words. As a result, conversation is short and vague.

Faced with these difficulties, some clients withdraw from conversation and become even more alone. Feelings of frustration, sadness, and fear are common in both the client and the family.

The "Feeling" Message Behind The Words

As the disease progresses, the words spoken by the client may be difficult to understand. When that occurs, listen for the feeling behind what the client is trying to communicate. You may receive clues from the client's facial expression, tone of voice, or behavior. Respond to the feeling message you sense, even though it may not have anything to do with the spoken words.

You, too, convey a feeling message. Even when your words appear not to be understood, the feeling message expressed by your tone of voice, facial expression, and touch, gets through. As you provide care, continue to talk to the person, even when the condition is advanced. Always assume the client understands everything you are saying even though unable to respond. Do not stop communicating.

Using The Wrong Word

When, for example, client Mr. Bell calls for his mother, who died many years ago, the feeling message he may really be expressing is that he is lonely or scared. He likely wants the reassurance and security represented by his mother. Acknowledge those feelings. ("I understand you probably feel sad and lonely.") Provide reassurance to him verbally and nonverbally. It is helpful if you:

- hold his hands,
- speak slowly and calmly in a gentle voice,
- do not argue or try to correct him (do not tell him his mother is dead; he may become more upset).

Mr. Bell may be using the wrong word. He may in fact be looking for his wife. It is common in his condition to substitute similar words, such as cat for dog, shoe for foot, or mother for wife. You may have to verify his request.

If you suspect the client is using the wrong word, it is helpful to repeat back what you think was meant, using the correct word or name. Do not draw attention to the wrong word or correct it. In the case of Mr. Bell, if he does not respond to your feeling reply, and persists in calling for his mother, you may say: "Are you looking for your wife? She will be home soon. She is out shopping."

When You Do Not Understand

Always assume that when the person tries to speak, there is some message behind the attempt. It is not always possible, however, to understand the intended meaning. Do not pretend to understand. There comes a time when you should stop trying to understand a specific message. If you persist, it will only result in unnecessary frustration for the client and yourself. Instead:

- Gently, without criticizing, acknowledge that you do not understand what was said.
- Suggest that you leave the thought for the time being, and come back to it later.
- Make sure that it is okay with the person to leave the subject for now.
- Redirect the conversation to something else that can be managed easily. For example, you may suggest having a cup of tea or going for a walk.
- Later, if necessary, you can try again. The message may suddenly become clear to you.

Detective Work

In communicating with people who have Alzheimer's Disease, you have to be a little bit like a detective. You have to look for clues and make your best guess to understand what the individual is trying to express.

Starting The Conversation

Because of the individual's memory problem, it is important to introduce yourself each time you see the client. Tell the person what day it is and explain what you will be doing. You will help orient the individual and provide reassurance. You may have to repeat much of this information through the day if the individual seems confused or has forgotten.

Improving Communication

To improve communication, it is helpful to understand the usual advancement of communication losses. The chart shows the pattern of communication problems and provides some tips.

Problem of Client	**Suggestion for Careworker**
Memory loss, forgetfulness (leads to repetition of questions and statements and to endless talking).	• Repeat messages frequently. • Use short, simple words and sentences. • Be patient. This is part of the illness.
Takes longer to express a thought or understand a message.	• Allow time to respond. • Speak slowly. • Don't rush or interrupt.
Lacks concentration; is easily distracted, loses train of thought, cannot follow a conversation.	• Ask one question at a time. • Avoid unnecessary background noise (turn off radio, TV). • Give tactful, frequent reminders of topic of conversation. • Get and keep client's attention by: – approaching from front, – positioning yourself face to face, at client's eye level, – using touch (tap on shoulder or knee to get attention), – addressing client by name, – holding client's hands as you speak.
Difficulty understanding.	• Divide instructions into one-step tasks, and present them one at a time. • Use simple words. • Be direct.

Problem of Client	Suggestion for Careworker
Word problems (uses empty words such as "things"; has difficulty finding the right word; makes up words; forgets words and names).	• Encourage client to "talk around" subject. • Ask client to write or draw the message. • Avoid asking open-ended questions such as "What do you want?" Offer two choices: "Do you want apple juice or tea?" • Look for clues in the behavior, tone of voice, or facial expressions. • Ask client to point, show, or lead you.
Uses incorrect word or names.	• Do not correct wrong words.
General problems (vague, slurred speech).	• Guess what was said. • Repeat what you think is the message and watch for responses. • Ask client to repeat. • Write out your message.

Normal Age Changes

Many elderly individuals experience vision and hearing problems that are related to the normal aging process. The effect of these physical losses on communication may be even greater in individuals with Alzheimer's Disease because they are less able to adapt. The careworker's role is outlined here.

Eyesight

- Make sure the client is wearing prescribed eyeglasses.
- Be sure the room lighting is bright and nonglaring.
- Position yourself in front of the client and look directly at him or her when you speak. Do not sit in front of a light source. The glare will prevent the individual from seeing you clearly.
- Identify yourself to the client every time you begin to speak.
- Do not use gestures or signs instead of words.

Hearing

- Make sure that prescribed hearing aids are kept in good working order (check with family) and worn by the client at all times.
- Eliminate distracting background noise (radio, TV).
- Use eye contact and touch to keep the person's attention.
- Speak slowly, clearly, and distinctly.
- Do not shout. Rather, lower the pitch (shrillness) of your voice and speak in a calm, pleasant tone.

Do's and Don'ts — **Communication**

Do think about and plan what you are going to say. Use simple words and sentences. Choose your words carefully to avoid confusion. Simplify the information.

Do get the individual's attention:
- face the client,
- make direct eye contact,
- use touch to provide a physical connection,
- address the client by name.

Do speak slowly and clearly.

Do be patient. Give the person time to respond.

Do be prepared to repeat your message as often as necessary.

Do make sure the client is using corrective eyeglasses or hearing devices, as required.

Do eliminate unnecessary background noise or other distractions.

Do act in a calm and relaxed manner.

Do use written messages if you think they'll be helpful.

Do use nonverbal ways of communicating.

Do use touch frequently to show your support and give reassurance.

Do assume that the client has something to say if he or she makes any attempt to speak.

Don't shout.

Don't give up.

Chapter 9
Stress Management

Stress is a part of life, but caregiving can be particularly stressful work. The individual's many losses and the overwhelming burden families face providing constant care are possible sources of stress. This stress in turn can easily affect you.

This chapter will review stressful situations that involve the client and the careworker. Some coping strategies will be suggested.

Sources Of Stress

The client, family, and careworker will at times each experience and be the source of stress.

Signs Of Stress In The Client

Stress is often expressed indirectly by the client through behavior and mood. Signs of stress include aggressiveness, such as hitting or shouting; and fidgeting, pacing, and wandering. Agitation, emotional upset, anxiety, and moodiness may indicate stress.

Because clients have difficulty communicating, signs of stress may signal that something specific is wrong. The need to go to the bathroom, hunger, fatigue, a sore throat, or physical discomfort may be reflected in behaviors such as pacing or general anxiety.

At the first sign of stress, use your skills of observation and problem-solving to determine the cause. Take the necessary action to correct the situation.

Avoiding or not dealing with a stressful situation will only increase the difficulties.

Signs Of Stress In The Family

The family may be more direct in expressing their stress. They may tell you directly their concerns and feelings, or their anxiety may show in their behavior or mood. Anxious relatives may be reluctant to leave the client or may be overcritical of you. Sometimes family stress is unrelated to the caregiving situation.

Signs Of Stress In The Careworker

Most people recognize the body's physical reaction to stress. Common physical signs of stress include difficulty sleeping, lack of energy, dry mouth, nausea, diarrhea or constipation, and change in appetite. Emotional reactions include anxiety, hostility, impatience, and frustration.

Three common situations that can produce stress are presented here, along with suggestions to help you cope.

Overinvolvement With The Client

Stress can be common in people who become overinvolved with the client. It is important that you do not become emotionally involved with the client and family. Taking on the emotional burdens of the family will help neither you nor them. You care, of course; but you are also a professional.

Signs of overinvolvement include being too anxious and worried and thinking constantly about the client while off duty. If you experience these feelings, discuss them with a close friend or relative, or seek advice from your supervisor. Remember, however, that client confidentiality rules require that you not discuss clients or their families with anyone other than your supervisor.

Feeling Trapped

Sometimes you will feel trapped while in the client's home. You may want to have a break on your own. The client, however, cannot be left alone. But there is a way to take a "break." Make sure the client is safe and occupied. Sit for a few minutes where you can still see him or her. Decrease the level of your attention on the client and focus on something else. Have a cup of tea, or look at a magazine. Glance up frequently to make sure the person is safe and content. After your "break," you will feel more refreshed and ready to cope.

Feeling Isolated

Working alone day after day in an isolated setting with a person who is unable to communicate effectively can be stressful. It is helpful to attend the special workshops planned by your supervisor. These meetings will give you the opportunity to talk to the other careworkers in your agency and to exchange tips and experiences. If you are feeling stressful or isolated, be sure to inform your supervisor. Your schedule may be changed.

Steps For Managing Stress

The following guidelines should help in preventing stressful situations:

- Look after your physical and emotional health needs. Eat a well-balanced diet; get sufficient exercise and sleep.
- Learn to recognize early warning signs that indicate your stress level is building.
- Identify factors that are likely to trigger a stress reaction in you. Do what you can to modify the situation or to change the way you deal with it.
- Keep a balance in your life. Work, family, social life, and leisure activities all have their places.
- Set realistic expectations for yourself and those around you. Know your limitations as well as your strengths.
- Learn to accept what you cannot change.
- Think of your past accomplishments and strengths.
- You may find it helpful to learn and practise relaxation exercises, special breathing techniques, or other measures that help you reduce stress level. A short bike ride or walk after work may help ease the tension.

- Keep things in perspective. Set priorities and goals.
- Do not lose your sense of humor.
- Inform your supervisor when you feel that stress is building up. A change in schedule or time off may be arranged.
- Realize that it is normal for you, like the family, to experience a range of emotions, including anger and frustration.

Here are some suggestions for on-the-spot relief:

- Stop and take a deep breath. Try to relax and act in a calm manner. Remind yourself This is part of the disease. The client is not intentionally acting difficult.
- Do a quick review of the situation using the problem-solving approach. What is most important in the situation? What can be postponed?
- Deal with one thing at a time. Work through problems one at a time.
- Divert the client's attention to something else.
- Try to maintain your perspective. Keep your sense of humor.
- Practise some relaxation techniques, such as deep breathing, muscle tightening and relaxing, or stretching exercises.
- If possible, take a short "break." Have a cup of tea, look at a magazine, or watch television. Make sure that you can see the client from where you are.
- Call your supervisor for assistance if you cannot manage on your own.

When Both You And The Client Have Stress

There are times when you and the client experience stress at the same time. Here are some suggestions to help you both:

- Encourage the person to do as much as possible independently, assisting whenever needed. Involve the client as much as you can with the usual activities of daily life, including personal care, recreational activities, and light household chores. This is good for the individual's self-esteem and will help preserve his or her remaining abilities and skills.

  The individual may take longer to do a task than it seems necessary, and watching the client clear a table, for example, may be stressful to you. Try to look at the client's efforts in a positive light. It is good for the client to do as much as possible independently; it may even save you from having to perform that task.
- Follow a routine schedule that the client is familiar with.
- Simplify activities into one-step tasks. Make sure that your expectations of the client are realistic.

- Be alert for signs in the client that indicate stress is building. Use your problem-solving skills to determine and respond to the underlying cause.
- Reinforce the client's feelings of safety and security by regularly providing support and reassurance, verbally and nonverbally.

Shared Activities

When both you and the client have stress, the following shared activities may be helpful:

- Go for a walk together. This relieves tension, acts as a diversion, and is a healthy release of built-up energy.
- Put on pleasant music that you both enjoy, or quietly watch television together.
- Share a tea break.
- Sit and talk about something pleasant. Encourage the client to talk about the past.
- Share an activity that you both enjoy. You might bake cookies or play a simple card game.
- Sit and have a quiet time together. It is not necessary that you always talk or do something together.

Coping With Grief And Dying

Because you may have formed a special bond with your client, it is understandable that you experience sadness and grief as you see him or her deteriorate.

It is normal for you to experience a variety of feelings similar to those experienced by the family. Like the family, you may at times have difficulty coping with your emotional reactions to the individual's losses.

Be Prepared

Alzheimer's Disease is fatal, and you must prepare yourself for the inevitable. Although it is important that you do not become "hardened," it is also important that you do not become too emotionally involved. Caregiving requires a combination of warmth, sensitivity, maturity, flexibility and, above all, responsibility.

To help you cope, it is important to:

- Be aware of and monitor your feelings and emotional reactions. Make sure that you do not allow yourself to become overwhelmed physically or emotionally by the demands of care.
- Use the stress-management techniques outlined earlier.
- Watch for signs of overinvolvement on your part.
- Discuss the situation with your supervisor if you sense you are unusually upset. Your supervisor can help you keep your perspective and, if necessary, provide additional support for you or the client. Sometimes a reassignment is necessary.

Part IV

Aspects Of Client Care

Guidelines, Patterns of Behavior, Difficult Behaviors, Personal Care, and Recreational Activities

Chapter 10
Client Care Guidelines

This chapter consists of guidelines that apply to all aspects of caring for the individual with Alzheimer's Disease. Following them should help make life easier for both the client and those providing care.

Follow A Daily Routine

- Follow a daily routine that is familiar to the client. Consistent, predictable schedules are easiest for the client.

Simplify Activities

- Modify and adapt activities to the client's level. By simplifying activities, you will help prevent the client from feeling overwhelmed.
- Divide complex activities into simple one-step tasks. The ability to accomplish a task will give the client a sense of accomplishment and enhance his or her self-esteem.
- Present the tasks one at a time, in the order they are to be done. This is a way of getting around memory problems.

Use Repetition

- Repeat instructions or directions as often as necessary. Accept the fact that you will be required to repeat often because of the client's memory loss. Signs, lists, and other visual reminders are helpful to the client in the early and middle stages of the disease.

Encourage Involvement

- Encourage the client to do as much as he or she is capable of doing. Safely involve the client in the usual activities of life. Provide guidance and assistance along the way. Make sure the client does not become frustrated.

Provide Reassurance

- Provide the client with frequent reassurance. Reinforce your words of support and acceptance with a warm smile, a reassuring touch, and a gentle voice.

Be Respectful

- Always treat the client in an adult manner, with dignity and respect. Do not talk about the client when he or she is present, unless the individual is included in the conversation. Continue to talk to the individual even when the condition is severe.
- Act in a calm and relaxed manner at all times. Show sensitivity, acceptance, patience, and understanding to the client. Do not rush or scold the client. Leave enough time to accomplish tasks so you do not have to rush. Never show annoyance, irritation, or anger toward the client.

Practise Safety

- Make sure the client's surroundings are safe and manageable. Surroundings should be kept neat, well-lighted, familiar, and comfortable. Keep walkways open and clear (to avoid tripping), and avoid unnecessary background noises. Because these safety features are important at all times, you may want to discuss them with the family.

Be Observant

- Use your skill of observation to learn what the client is capable of doing, to recognize signs of change, and to ensure continued safety and well-being. Modify your expectations and actions to meet changing client needs and capabilities.

Follow Up

- Share your observations and problem-solving techniques with the family.
- Report to your supervisor changes in the client's condition or in a family situation.

Chapter 11
Patterns Of Behavior

Behavior is the term used to describe how a person acts. One of the ways we communicate is through behavior, which is influenced by many factors, including the individual's thoughts and feelings. There is always a reason behind a behavior.

In this chapter, we review the factors influencing behavior and look at the meaning behind certain behaviors often seen in Alzheimer's Disease. We offer suggestions to help careworkers manage typical behavior problems. The chapter after this one then focuses on specific problem behaviors.

Effect Of Alzheimer's Disease

People with Alzheimer's Disease have little control over their behavior. This condition affects the ability to make decisions and to control actions or words. Emotional changes, particularly feelings of anxiety, fear, and frustration, can trigger problem behaviors. Brain changes caused by the disease process are responsible for some behavioral patterns. Behavior, like the disease process, is unpredictable and varies from client to client.

Different Behaviors

Not all clients have behavioral problems. Every individual is unique and experiences the disease in a different way. Furthermore, the behavior pattern of an individual will change over the course of the disease.

On the one hand, we may find that personalities, attitudes, interests, and hobbies may continue; on the other, clients may express themselves without the controls they once had. This lack of inhibition may account for some of the prejudiced remarks or other outbursts that sometimes occur.

Sudden Changes

A sudden change in behavior is usually a warning signal. It is important for you to use your observation skills to look for the underlying cause of the change, and to use your problem-solving skills to resolve the difficulty. Your actions are necessary to ensure the continued safety and well-being of the client.

Situations That Trigger Problems

What causes the behavior problem? The client, the surroundings, or those providing care may be responsible. Sometimes, all three contribute to the problem. Some specific causes are given in the following examples.

Client

The client's mental, emotional, or physical condition can trigger undesirable behaviors when he or she:

- feels overwhelmed and disoriented;
- is unable to understand what is going on or what is expected;
- feels anxious, fearful, and upset (when aware of own losses);
- feels bored or restless;
- is physically unwell (toothache, headache, injury, etc.); or
- has physical discomfort or problems (needs to go to the bathroom, is tired, hungry, or thirsty).

Surroundings

Many factors in the surroundings can trigger behavior problems, including:

- unfamiliar people, places, and activities;
- distracting noises or objects;
- poor lighting; and
- general confusion.

Careworker

The person with Alzheimer's Disease is highly sensitive to the mood and behavior of those providing care. Sensing the anger, irritation, or disgust of others, the client may experience feelings of upset that trigger problem behaviors.

Managing behavior problems is a major challenge for the careworker. Your actions must be tailored to meet the changing needs of your client.

Preventive Measures

It is best to avoid problem situations or to stop them at the first signs. Many problems can be avoided if you follow the guidelines for client care (chapter 10). Remember to:

- Follow a predictable routine that provides appropriate activity and stimulation to the client.
- Observe the client. Be alert for signs of change. Be prepared to act quickly.
- Monitor the client's surroundings to make sure they are safe and easily managed.
- Modify and adapt activities to the level of the client's ability.
- Act in a calm and relaxed manner. Demonstrate your acceptance, support, patience, and reassurance.

Managing A Problem Behavior

The following steps should help you handle problem situations:

- *Ensure safety.* The first concern is safety — the client's and your own. If it is an emergency situation, seek help.

- *Evaluate the situation.* Use your skills of observation and problem-solving to evaluate the situation. Determine the underlying cause, then take appropriate action. (For example, remove the client and yourself from a noisy, busy place to a quiet area).
- *Redirect the client's attention.* Redirecting the client's attention to an appropriate and pleasurable activity is an effective way to stop many behavior problems. The client will probably forget an upsetting incident when involved in another activity. When redirecting the client's attention, it is important to start the new activity immediately. For example, in a calm and relaxed manner:
  - Give the client something safe to hold (place it right in his or her hand).
  - Offer the client a cookie or other snack (have the cookie close by so you can put it into the client's hand).
  - Get the client started in a favorite activity (for example, set out playing cards).
  - Take the client out of a dangerous or upsetting place (put your arm in the client's and lead him or her out of the room).
  - Talk to the client (explain what you are doing, talk about any usual happenings). Involve the client ("It's time for a walk").
- *Do not scold, punish, or try to reason with the client.* Your words will not be understood.
- *Provide frequent reassurance with your words and gentle touch.* "I'm right beside you, Mrs. Smith," said warmly while taking her hands in yours, will help her feel safe and secure.
- *Maintain your objectivity.* Some behaviors can be annoying, disruptive, hurtful, or embarrassing. It is important to keep in mind that the condition causes people to lose control over their behavior; they are not intentionally behaving difficultly. Do not take remarks or actions as personal attacks. Remember, the individual's behavior may be a response to what is being done. The client may be expressing opposition.
- *Use your good judgment and common sense.* Be prepared to try different approaches before you find what works best in the situation.
- If you are unable to manage a situation, *call your supervisor for guidance.* Write down all behavior problems and report them to your supervisor.
- *Keep your sense of humor.*

Two Common Problems

Two patterns commonly found in those with Alzheimer's Disease are repetitive behaviors and a refusal to cooperate. These behaviors are not necessarily harmful to the client, but you may find them annoying. Procedures used to manage these behaviors are generally no different from those applied in other situations. Some background and suggestions, however, should prove helpful.

Repetitive Behaviors

The person with Alzheimer's Disease often displays behaviors that have a repetitious pattern. The client may appear to be stuck or fixed on a particular action or sound and continuously repeats it. The behavior may be a motion, such as sweeping, or it may be a sound or word called out repeatedly. This type of repetitive behavior is termed "perseveration." The client continues the repetitive routine until interrupted or stopped by someone or something.

Like all behaviors, some repetitive patterns may be acceptable and harmless, some annoying, some inappropriate, and some dangerous. These, like other behaviors, are a result of the disease process and are not in the client's control.

As long as the client is not upset or at risk of becoming overtired or injured, and as long as the behavior is safe and not dangerous to others, you can allow the behavior to continue. Observe the client for signs that indicate it is time to provide diversion. It does not matter if the client takes twenty minutes to dry one dish, for example, as long as he or she is not in danger and does not show signs of being upset.

Here are some tips for managing repetitive behavior:

- Remain objective. Use your observation and problem-solving skills to evaluate the situation and determine the reason for the individual's distress. What is the client trying to tell you? Is the behavior safe? Can it be allowed to continue? When should it be stopped?
- Do not shout at the client or show your annoyance. Act in a calm and relaxed manner.
- Reassure the client verbally and nonverbally.
- Provide the client with an acceptable diversion.
- Make sure the client does as much as possible using his or her remaining skills and abilities. Involve the client in satisfying activities at the appropriate level.
- Follow a routine that provides the client with opportunities to participate in a variety of activities.

Refusal To Cooperate

Often the client will "refuse" to answer you or will not cooperate. The most common reason is that the client no longer understands what is asked and expected. For the individual who still has some awareness, it is easier to refuse than to admit to not understanding or to say he or she has forgotten how to carry out the request. When awareness is lost, refusal can be simply an expression of not understanding.

Refusal can also mean that the client is tired or does not want to do what you are asking.

Whatever the reason, it can be frustrating for you when the client refuses your request. Never force the client. Forcing can lead to aggressive behavior. Instead, try to find out the client's reason for refusing. Is the activity too difficult? Does the client understand the reason for the refusal.

Here are some tips for managing refusal:

- Never force the client or argue. Do something else. If necessary, reintroduce the activity later, perhaps in a different way, when the client is more alert and cooperative.
- Schedule more complex activities, such as bathing or going out to medical appointments, for the time of day when the client functions best. Most people have times of the day when they perform well and other times when they are naturally tired or irritable. Many people are disoriented and confused upon waking up and require some time to begin to function. These natural changes affect the client as well.
- Observe the client's general condition. Simplify requests and tasks to suit the client's level of ability. When the client seems less alert, focus on quiet, restful activities.
- Be sure to check with the client to make sure he or she is agreeable to postponing certain activities.
- Act in a calm and relaxed manner.

Chapter 12
Difficult Behaviors

In this chapter, we look at several problem behaviors that may occur with some clients and are of particular concern to the careworker. Explanations and suggestions are offered to help you understand and manage aggressive behavior, anxiety, overreacting, wandering, inappropriate sexual behavior, suspiciousness, accusations and insults, "sundown syndrome," and sleeplessness.

Aggressive Behavior

Anger, hostility, aggressive outbursts, physical violence, hitting, shouting, and other violent behaviors are dangerous and frightening. Violent behaviors are rare. They are most likely to occur in the middle stage of the disease, when the client is still physically strong.

Memory loss, confusion, loss of judgment, and inability to understand what is going on all can overwhelm the client. An aggressive episode may be triggered by feelings of anxiety, depression, frustration, or boredom, or by fear of the anger sensed in others.

Careworker's Role

- Ensure your own safety and that of the client. Stand back. If necessary to protect yourself, leave the room.
- Do not argue, fight, or confront the client.
- Try to distract the client when you see signs of agitation or stress.
- Get assistance.
- Report the incident to your supervisor and the family. Violent behavior is dangerous and must be reported to your supervisor. Because other complications may be causing the violent behavior, the client should have prompt medical attention.

Here are some preventive tips:

- Make sure there are no objects around that the client could use as a weapon.
- Follow a routine that allows the client to function best. Minimize confusion or distractions.
- Look for warning signs and potential problems in the client and in the surrounding area, then use your problem-solving skills.
- Be alert. Be prepared for the unexpected.

Anxiety

Agitation, anxiety, and restlessness have many causes. Confusion and disorientation, frustration over being unable to communicate or understand, stress, loneliness, excess energy, and having "nothing to do" may contribute to these problems.

Careworker's Role

- Calm the client and offer reassurance through words and touch.
- Divert the client's attention.
- Look for possible factors that may have triggered the problem.

Overreacting

Overreaction to a situation (also called catastrophic reaction) is a strong anxiety-type reaction that occurs when the client feels overwhelmed and unable to cope. It is a result of the client's mental losses.

Careworker's Role

- Reassure and calm the client.
- Do not argue, scold, or try to reason.
- Be alert for signs of client stress.
- Redirect the client's attention.

Wandering

In the first and middle stages of the disease, affected clients have a lot of energy. Some clients like to walk a lot — and they do. It can be very dangerous for the clients to go out alone because, most often they are unable to find their way home or ensure their own safety. Their memory loss, disorientation, and confusion place them at great risk.

Wandering is particularly serious among clients who, without warning, run out the door alone, unnoticed by those caring for them.

Why does the person wander? Many reasons are suggested. Wandering may represent a search for a familiar home and family, now forgotten because of the client's condition. It may be a release for physical energy or it may be a response to anxiety or boredom.

Whatever the reason, the important thing is to stay with the client. The client cannot go out alone safely. If the client is intent on going out for a walk, go too, and make sure he or she is safe. When you cannot go out, you may be able to convince the client to wander around an enclosed safe area such as a living room or, with supervision, the hallway of the apartment building.

For clients who tend to slip out alone, keep extremely alert. Be constantly aware of where they are. Make sure doors are locked in a way that makes them as hard as possible for the client to open.

Careworker's Role

- Stay with the client at all times. If the client wants to go for a walk, go along too.
- Act in a calm, gentle manner. Reassure the client.
- Divert the client with other activities. ("Let's do some painting now.")
- Don't argue, and don't confront or correct the client.

  If Mrs. White says she wants to go home now, do not correct her. If it is not possible to go out with her at that time, you might try to delay her by saying: "It is nearly lunch time. First we will eat lunch. Then we will go home." After lunch, Mrs. White will likely have forgotten. You can get her started with her knitting or another activity.

  If, on the other hand, it is a good time to go for a walk, you can go along in part with Mrs. White's wish. It is not necessary to say where you are going. Just get ready and go out for a walk. You can even let Mrs. White lead the way, as long as it is safe. Take her arm in yours. As you walk, talk to her about the sights you see. Mrs. White will probably forget her desire to go home. When it is time to return, gently take over the lead. As you approach home, you can emphasize: "We are nearly home. Would you like some tea when we get home?"
- Alert the police, the family, and your supervisor if the client slips out unnoticed.

Here are some preventive tips:

- Make sure you can always see the client.
- Schedule regular walk, exercise, and activity times.
- Provide reassurance. Give frequent reminders to clients about where they are and what is going on.
- Outside doors should be locked.
- The client should wear identification at all times.
- It is important that clients known to wander are registered with the local police department. In Metropolitan Toronto, the "Wandering Patient Registry" has been set up by the Alzheimer Society for Metropolitan Toronto and the Metropolitan Toronto Police Department. Your supervisor can tell the family how they can register their relative.

Inappropriate Sexual Behavior

Removing clothes in public, masturbating, touching others sexually, and making offensive remarks are actions that fall into the category of inappropriate sexual behavior. These behaviors are due to the confusion, disorientation, and loss of inhibition, judgment, and social skills that occur with the disease process. They can be embarrassing, annoying, and upsetting. They are not intentional, nor are they directed at you personally.

Sometimes such behaviors have no sexual basis. Removal of clothes can indicate the client needs to go to the bathroom and has forgotten where to find it or how to use it. It may mean that the client is too hot.

Careworker's Role

- Remain calm and matter of fact.
- Do not scold or reprimand. The client will not understand.
- Redirect the client's attention. If Mr. Scott grabs you, gently remove his hand and put a safe object in it. "Mr. Scott, would you please hold this magazine for me?" If Miss Rogers removes her dress when company is visiting, cover her with the removed clothes or a jacket as you gently lead her out of the room.
- Check for an underlying cause of the behavior. Are there signs that the behavior indicates a need to go to the bathroom? loneliness? boredom?
- Keep your sense of humor. Do not take the episode personally.
- Follow a routine. Make sure the client has sufficient exercise and activity through the day.
- Be prepared. If Mr. Silver always grabs you when you bathe him, give him a facecloth or soap to hold so that his hands are occupied.

Suspiciousness

Distrust, delusions (false beliefs), hallucinations (hearing, seeing, smelling, or feeling things that are not there), and other types of suspiciousness sometimes occur with the client's condition. Memory loss, loss of the ability to recognize people and places, lack of insight, and visual or hearing losses contribute to these episodes, which are upsetting to the client and others.

Careworker's Role

- Do not argue or try to correct the client.
- Provide verbal and nonverbal reassurance.
- Remain calm. Respond simply, in a matter-of-fact tone.
- Acknowledge the client's concerns. Gently inform the client of what really is happening, so long as you don't upset or offend him or her. Explain that you know how things must seem, but give reassurance: the client is safe, and you are not afraid.

  When Mrs. Cork becomes agitated because she sees a stranger in the room, you may say: "I understand that you believe there is a stranger standing there. It is really a lamp. It is beside the television, where it always is. You are safe." You may need to repeat your message. Make sure the room is well lighted. It may be helpful to go to another room or distract her with something else: "Let's go to the kitchen for some juice."
- Listen, and try to respond to the feelings expressed.

  When Mr. Stone accuses his wife of having an affair with another man when she goes out, you may say: "Do you feel bad that your wife is going out? She is grocery shopping and will be home soon. I will be staying with you." Then involve him in an activity.
- Use distraction. Involvement in pleasurable activities often stops the problem.

Accusations And Insults

Accusations of theft, racial attacks, and other insults are unpleasant and upsetting. They are not personally directed. They are caused by the disease. As the disease progresses, the client's world becomes very small. Anyone no longer recognized, or who looks "different" to the client, becomes a stranger and is feared and distrusted. The "stranger" becomes the target of the client's blame for events that are the result of the disease. Familiarity helps to offset these fears.

Do not assume that the client has always been prejudiced (or violent or angry). As hurtful as some situations are, try not to take them personally.

Careworker's Role

- Remain calm.
- Reassure the client.
- Respond to the "feeling" message of fear and anxiety.
- Offer to help look for "lost" items. Get to know the client's usual hiding places. "I will help you look for your purse, Mrs. White. I am sure it is here somewhere."
- Report accusations of theft to your supervisor and the family in case there is a problem later. It is very likely that the client similarly accuses the family. The family will probably know the client's "hiding places."
- When you handle money for the family, make sure the amount given is written down in advance. Get a receipt for all purchases.
- Use a distraction: "Look at the nice flowers."

Here are some preventive tips:

- Allow the client time to get to know you. For the first few visits, it may be helpful to have the family member stay with you.
- Encourage the family to remove or safely lock up valuables.

Sundown Syndrome

The sundown syndrome refers to an increase in restlessness and agitation that occurs in some clients late in the afternoon. It may be due to fatigue from the day's activities, or may occur because the client finds it harder to see as the level of daylight decreases. Whatever the cause, the client's level of confusion, disorientation, and anxiety increases.

Careworker's Role

- Schedule major activities early in the day, when the client is functioning at his or her best.
- Plan quiet, nonstressful activities in the late afternoon (for example, listen to music).
- Keep the surroundings well lighted at all times.
- Provide frequent reassurances.

Sleeplessness

Day/night reversal, where the client is awake most of the night, sometimes occurs as the condition advances. This situation can be very dangerous and is difficult for the family.

Careworker's Role

- Follow a routine by day that includes exercise and other activities.
- Limit daytime sleeping.
- Have the client avoid caffeine (tea, coffee, cola, chocolate) after lunch.
- Follow a routine that includes quiet activities, such as listening to soothing music, in the hours before bed.
- Make sure the house is safe for the client who is up wandering at night. (Doors locked, pilot light disconnected, dangerous items out of reach).
- Leave on a light so the bathroom is found easily.

Do's and Don'ts — **Difficult Behaviors**

Do ensure that the client is safe. His or her well-being is in your hands.

Do follow a routine.

Do look for an underlying cause of the problem.

Do divert the client's attention.

Do reassure the client, and remain calm.

Do be alert for warning signs or patterns in problem behaviors.

Do call for assistance if you cannot manage.

Do report incidents to your supervisor.

Do reinforce good behavior through praise, compliments, touch, and rewards. (Food is useful as a distraction and a reward.)

Do ensure that activities are at a level suitable for the client's abilities.

Don't confront or reprimand the client.

Chapter 13
Personal Care Activities

As the condition advances, the individual with Alzheimer's Disease requires assistance in carrying out these basic and private life functions: bathing, dressing, eating, and toileting. Assistance in these personal care activities must be provided in a way that preserves the individual's dignity and allows the client to do as much as able, using his or her remaining skills.

The goal in providing care is to help clients retain as much control over life as possible while ensuring their safety. Allowing clients to retain some control provides personal satisfaction, reinforces self-esteem, and improves the quality of life. This chapter highlights the role of the careworker in providing assistance with personal care activities and includes as well a section on medication.

Finding A Balance

It is helpful to know about the client's usual habits so that you can continue them. Routines and familiarity make life easier for the client. Try to find out as much as you can from both the client and the family.

It is essential to be aware of the individual's changing level of ability. On the one hand, don't challenge clients with tasks that are beyond their capabilities; on the other, it is not helpful to take over and do things that clients are able to do themselves, with guidance.

In providing assistance, it is important to strike a balance. If a client is not allowed to use certain skills, they are lost; that increases the disability. But unrealistically high expectations can cause frustration and create other problems for you and the client. The challenge you face therefore lies in finding a balance that encourages clients to use their remaining skills without feeling stress or frustration.

Personal Care Guidelines

In assisting with personal care activities, keep in mind the general guidelines for client care that appear in chapter 10. The following guidelines are specific to personal care activities.

Bathing

Personal hygiene is important for one's health and self-esteem.

Bathing can be a frightening experience for a person who is overwhelmed by the complexity of a task no longer remembered. The invasion of privacy, physical impairments (difficulty stepping into the tub; difficulty seeing the bottom; not knowing what is being stepped into), and fear of water can make bath time traumatic for the client. Not surprisingly, many clients at times "refuse" to bathe.

Follow these points to help make bathing a safe and easier experience:

- Plan carefully.
- Choose a time when the client is functioning best.
- Get everything ready in advance (soap, towels, clean clothes, powder, shampoo, etc.).
- Use special devices such as bath chairs, nonskid mats, and hand-held showers to ensure safety and ease. If the client does not have these devices and could use them, inform the family that they are available. Refer the family to your supervisor, who can arrange for an occupational therapist to make a home visit.
- Check water temperature frequently.
- Fill tub to only two inches.
- Frequently provide reassurance and support — verbally and nonverbally. Place the client's hand securely on the grab bar when preparing him or her to enter or leave the tub, and put your arm around the client for support.
- Be considerate of the client's modesty and need for privacy and dignity.
- Give the client something to look forward to. When Miss Hill resists bathing, you may say: "After your bath, you can wear your new blouse."

  When Mr. Brown, a client who dislikes bathing and often exposes himself, undresses in the living room, you can take the opportunity to get him to bathe: "Now that you are undressed, you can have a bath." Then, lead him to the bathroom.

Dressing

For as long as it is possible, allow the client to choose what he or she will wear. As the condition advances, you may have to offer a choice of two items (a red shirt or a blue shirt); and in later stages, you may have to select and set out the clothes. Arrange the garments in the order they are put on (underwear first, shoes last), and provide assistance as outlined in the client care guidelines (chapter 10). As soon as clothes are taken off, remove them so that they will not be put back on.

Eating

It is important that the client have a well-balanced diet. As the disease progresses, changes in food preparation and serving methods can be made to allow self-feeding. These changes will help the client maintain a sense of independence and dignity.

Your own eating schedule should be arranged with the family and your supervisor. In the early stage of the client's illness, you may be able to eat together. In middle and late stages, you will need to give your full attention to the client at meal time.

Follow these points to help make eating a safe and easier experience:

- Meal time should be regular. Avoid anything that may be upsetting to the client, including distractions. Make the time a quiet, pleasant experience.
- The type of food prepared and the way it is served must be adapted to the client's ability to feed himself or herself. As the condition advances, foods may have to be served one at a time (first soup, then salad, then vegetable, then meat). Clients are confused and overwhelmed when a variety of foods and cutlery are placed in front of them.
- When a knife cannot be managed, cut up the food before serving it. When a fork can no longer be used, provide food that can be eaten with a spoon. Casseroles and stews are often easy to eat this way. When the use of a spoon is too difficult, provide foods that can be picked up by hand and eaten. Sandwiches, cut-up fruit, vegetables, cheeses, meats, and other finger foods allow clients to continue to feed themselves.
- Nonfood objects may have to be removed from eating areas (the kitchen table and counters) when the client is no longer able to distinguish food items. Flowers placed on the table where the client eats may be mistaken for food and eaten by the client.
- As the disease progresses, observe carefully to make sure the client is chewing and swallowing the food. Some clients forget to swallow and pack food into their mouth. Make frequent reminders to swallow. Remember to offer the client liquids to drink. Check the temperature of food and drinks before serving.
- Note how much food is eaten. Some clients have large appetites during the early and middle stages of the disease. You may have to monitor food intake.

Toileting

The client's inability to control bladder and bowel functions, the most private of activities, is devastating to client and family.

Follow these points to help make toileting a safe and easier experience:

- Use tact when dealing with these private functions.
- Reminders to go to the bathroom are sufficient during the disease's early stages. Later, it is helpful to label the bathroom door and to leave the bathroom light on day and night to help the client locate the room.
- Clothing that is easy for the client to remove is the best choice.
- As the disease advances, you may have to walk the client to the bathroom and provide step-by-step reminders. Do not forget hand-washing.
- In later stages, to prevent accidents you may have to bring the client to the bathroom every two hours while he or she is awake.
- Promptly clean up accidents. Do not reprimand the client or show disgust. Remain calm and matter-of-fact.

Incontinence

Incontinence, sometimes referred to as "bathroom accidents," is the medical term used to describe the "involuntary escape of urine or feces." Incontinence occurs in the late stages of the disease. Bathroom accidents are devastating to the client and family.

Some types of incontinence that happen in the early stages of the disease are treatable. Report incontinence to your supervisor so that medical assistance can be obtained. Have the client follow a regular toilet routine. Incontinence pads are available at drug stores.

Medication

The incidence of illness is higher in the elderly than in the young. Prescribed medications, used by many elderly in the treatment and control of chronic ailments, are always tailored to the individual. Just as no two people are alike, individual response to a medication varies from person to person.

It is important that the client take medications exactly as prescribed by the physician. Taken incorrectly, medications can be very harmful. A client should never take medications prescribed for someone else.

Clients suffering from Alzheimer's Disease are more sensitive to the effects of drugs than are the well elderly. Drugs that act on the brain, such as sleeping pills, tranquillizers, and cough and cold remedies, will have a much greater effect on the individual with Alzheimer's Disease.

Remedies purchased "over-the-counter," without prescription, are still drugs. It is especially important that the client does not take any drug or health-type product that has not been prescribed by the client's physician.

Some common side-effects of drugs resemble the symptoms associated with Alzheimer's Disease and related disorders. Although confusion, memory loss, disorientation, and depression, may be signs of a worsening of the client's condition, they may also indicate that the client is not tolerating the medication. It is vitally important that you report symptoms or changes in symptoms to your supervisor and the family so that the physician can be consulted to determine the cause.

Medication Guidelines

If you are required to supervise the taking of medications:

- Check with your supervisor about your agency's policies.
- Give medication exactly as prescribed.
- Measure the dose accurately, and give it at the time specified.
- Report immediately any changes in the client's condition, mood, appearance, or behavior.
- Store all medications in a safe, secure place.

Caution

There is no cure for Alzheimer's Disease at this time. Be suspicious of any claims of cures or remedies. Do not ever give any advice about medication to the client or family. If in doubt, call your supervisor.

Chapter 14
Recreational Activities

Participation in a variety of activities — social, recreational, personal care — gives structure to a day and quality and meaning to life.

In this chapter, we review the importance of involving the client in a number of usual life activities and provide suggestions for the careworker.

Importance Of Involvement

It is important that clients continue to participate to the fullest extent possible in the usual activities of daily life. Participation will help preserve remaining skills longer, will provide the client with a feeling of self-esteem and satisfaction, and will prevent boredom.

Changes In Activities

As the disease advances, you will have to adapt activities and modify them to the client's level of function.

The client's attention span will become increasingly short. Reminders and "cues" will be needed from time to time. But it is important that you continue to treat the client in an adult manner. Despite losses and impairments, the client is still an adult human being who will resent being treated like a child.

Careworker's Role

Follow the general guidelines for client care that appear in chapter 10. Remember especially to acknowledge and praise accomplishments; to continue to encourage the client to be involved in activities, assisting when necessary; and to schedule activities for a time the client functions best.

Types Of Activities

Activities can be chosen from the individual's past hobbies or interests, or new activities can be learned. If introducing something new (crafts, card games, drawing, cooking, etc.), you must break the activity into simple tasks, repeat instructions, go slowly, and demonstrate step by step.

Some clients continue to enjoy house pets and, with supervision, can still care for them. Pets have been successfully introduced to clients who previously had none. (Any situations involving pets should be checked with your supervisor and the family).

Meaningful Activities

Activities that only "fill time" are not as fulfilling to the client as those that have a purpose. Meaningful activities accomplish something that the client recognizes as useful. Even as the disease progresses, the client is able to distinguish between worthwhile achievements and time-filling activities.

Household chores, cooking, baking, gardening, woodworking, personal care routine, and socialization with family members and friends are examples of everyday activities that can provide satisfaction. Visiting, shopping, and other outings can often be continued for some time.

Exercise

Walking, light stretching exercises, and even rocking in a rocking chair are good activities. The client's physical strength is maintained even when the condition is quite advanced. Exercise is good for general health, and it provides an outlet for stress and energy.

Reminiscing

Long-term memory (the ability to remember events from the past) is preserved well into the disease. Clients enjoy reminiscing, or talking about the past. Often, looking at old family photographs triggers the client's long-term memory, enabling him or her to recall stories from earlier times. You may find that you look forward to hearing stories of a time gone by, and that you gain a new appreciation of the individual.

Music

Music, dancing, and singing are enjoyed right through to the last stages. Favorite songs and music are recognized and enjoyed by clients long after the condition becomes severe, probably because music and song are part of long-term memory. The enjoyment of music remains even longer than the ability to reminisce, which is lost when the client can no longer speak.

Watching

When clients can no longer perform tasks, they often enjoy being with others and are content just to watch people. For example, a client who previously enjoyed cooking may be happy to sit with you in the kitchen as you cook or bake. Watching is a form of participation in later stages. It provides companionship, important for the client's feeling of belonging and self-worth.

Maintain Communication

Maintaining communication, both through talking and through touch (hugs, hand-holding, etc.), is important throughout an individual's life. Even when the client does not seem to respond to you, continue to communicate. Involvement and personal contact sustain the individual and help maintain the quality of life.

A Final Word

You are in a position to make a major contribution to the life of a person with Alzheimer's Disease. You, as a professional careworker, help make it possible for the client to continue to live his or her remaining years at home and with dignity, and you help improve the individual's quality of life. As well, your work greatly benefits the client's family. The fact that you have shown a willingness to learn more about the disease and to take training is especially commendable.

Providing care can be a challenging experience. It can also be highly rewarding. The satisfaction of knowing that you have helped another person live at home with quality and dignity brings its own reward.

Your work requires special warmth, sensitivity, and dedication that few people possess, particularly in situations where there is no hope for a cure. It also requires maturity, responsibility, and adaptability.

Praise and thanks go to you for helping your clients and their families in a very special way.